## Notification of Hazardous Waste Site

United States
Environmental Protection
Agency
Washington DC 20460

This initial notification information is required by Section 103(c) of the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 and must be mailed by June 9, 1981.

Please type or print in ink. If you need additional space, use separate sheets of paper. Indicate the letter of the item which applies.

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A Person Required to Notify:				
Enter the name and address of	the person Name JOE	EL MORE		
or organization required to not	- Street 0247/	INDUSTRIAL		
en in the second of the process of the second of the secon	THE CHY MADISON	H675 State MIT . " Zip Code 48077		
Site Location:	44.	74. · - 1		
Enter the common name (if kno actual location of the site.	THE RESERVE THE PARTY OF THE PA	Name of Site Mc GRAW - Edzson SERVICE  Street 32471- INDUSTRIAL		
MID98 609430		MG75. County OAKLAND State MI. 210 Code 48071		
Person to Contact:		State //2: Zip Code /00//		
Enter the name, title (if applica business telephone number of to contact regarding information submitted on this form.		ELMORE, JOE PLANT MANAGE		
Dates of Waste Handling:				
Enter the years that you estima treatment, storage, or disposal	te waste pegan and From (Year) 1976	To (Year) ERESENT 1981		
ended at the site.				
Waste Type: Choose the opt	ion your profes to annulus			
Option I: Select general waste you do not know the general waste encouraged to describe the site.  General Type of Waste: Place an X in the appropriate boxes. The categories listed overlap. Check each applicable category.  1. □ Organics 2. □ Inorganics 3. □ Solvents 4. □ Pesticides 5. □ Heavy metals 6. □ Acids 7. □ Bases 8. □ PCBs 9. □ Mixed Municipal Waste 10. □ Unknown 11. □ Other (Specify)	ste types or sources, you are in Item I—Description of Site.  Source of Waste: Place an X in the appropriate boxes.  1.	Option 2: This option is available to persons familiar with the Resource Conservation and Recovery Act (RCRA) Section 3001 regulations (40 CFR Part 261).  Specific Type of Waste:  EPA has assigned a four-digit number to each hazardous waste listed in the regulations under Section 3001 of RCRA. Enter the appropriate four-digit number in the boxes provided. A copy of the list of hazardous wastes and codes can be obtained by contacting the EPA Region serving the State in which the site is located.		
	16. ☐ Lab Hospital 17 (7 Unknown 18. ☐ Other (Specify)	US EPA RECORDS CENTER REGION 5		
		- THEOGRAP OLIVIER REGION 5		

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-Notification of Hazardous Waste Site	Side Two		
Waste Quantity	Facility Type	Total Facility W	aste Amount
Place an X in the appropriate boxes to	_ 1. 🛘 Piles	gubic fort	
endicate the facility types found at the site.	2. D Land Treatment	estions 500	
win the "total facility waste amount" space give the estimated combined quantity	3. D Landfill		
(volume) of hazardous wastes at the site	4. Tanks 5. Impoundment	Total Facility A	الأن المراجع ا
using cubic feet or gallons.	6. D Underground Inject		50 mg ft
-th the "total facility area" space, give the costimated area size which the facilities	-7. Drums, Above Gro		and the second s
occupy using square feet or acres.	8. Drums, Below Gro		
	9. 🖸 Other (Specify)		
Known, Suspected or Likely Releases to	the Environment:		
Place an X in the appropriate boxes to indicate		□ Known □ Sus	pected   Likely   None
er likely releases of wastes to the environment.			
Note: Items.Hand I are optional. Completing t	nese items will assist EPA	and State and local governmen	ts in locating and assessi
hazardous waste sites. Although completing t	he items is not required; y	ou are encouraged to do so	
Sketch Map of Site Location: (Optional)	ASCIE		I WAR
statch a man showing streets, highways,			
routes or other prominent landmarks near the site. Place an X on the map to indicate			
"the site incetion Draw an arrow showing	IME	KO.	
the direction north. You may substitute a publishing map showing the site-location.			
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Description of Site: (Optional)		BUILDING -S. RANSPORTED BY TO OUT OF	
Describe the history and present	OUTSFOE	BUILDING -5.	ar Conner
ennditions of the site. Give directions to	MARK TO	PANSPORTED BY	SPECIAL
the site and describe any nearby wells, springs, lakes, or housing. Include such	. WASTE	- ALTERNATION	FATE DEST
Information as how waste was disposed and where the waste came from Provide	CHRRIER	10 vas 01	
eav other information or comments which	SZZES.	and the state of t	
may help describe the site conditions.		न्या श्रीताः स्थापित्रहेतुः है। स्थापना	A STATE OF THE STA
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The state of the s	- Andrews		
	1965 1975		
Signature and Title:	1 0 2		Land Bridge
The person or authorized representative	for you theme	88ma	Owner, Present
(such as plant managers, superintendents, trustees or attorneys) of persons required	//	V dia	☐ Owner, Past
to notify must sign the form and provide a	Strok 3247	idustral a.	☐ Transporter
mailing address (if different than address in item A). For other persons providing	Malin ILA	LA LLA	7/ Operator, Preser
notification, the signature is optional.	CHI FILLENSON - 1283	State /77 Zip Code YOU	Operator, Past
Check the boxes which best describe the relationship to the site of the person	1000	ch.	Other
required to notify. If you are not required	Signaturalis Signaturalis	Date V/24	<u> </u>
In natify check "Other"		Brue-	
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